

FILED AUG 7 1940

Registration District No. \_\_\_\_\_

Primary Registration District No. 113

Registrar's No. 1295

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

I. PLACE OF DEATH:

(a) County St. Louis County  
(b) City or town Florissant Mo.  
(c) Name of hospital or institution:  
Florissant Mo.  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town Florissant Mo.  
(d) Street No. Florissant Mo.  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Carrie Wehmer

3. (b) If veteran, name war NONE 3. (c) Social Security No. NONE

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased 12 30 1877  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	62	6	11	hr. _____ min.

9. Birthplace Florissant Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business Home

12. Name Henry Wehmer

13. Birthplace Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Louise Guarmester

15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Fred Wehmer

(b) Address Florissant Mo

17. (a) Burial (b) Date thereof 7-13-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Black Jack Cem.

18. (a) Signature of funeral director \_\_\_\_\_  
(b) Address 3710 N. Grand Blvd.

19. (a) JUL 12 1940 (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 11  
year 1940 hour 4 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from July 5  
1940, to July 11 1940  
that I last saw her alive on July 11 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Coronary Endocarditis

Due to \_\_\_\_\_

Due to 926

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature J. E. Ahern (M. D. or other) \_\_\_\_\_  
Address Florissant, Mo Date signed July 12 1940

Duration

PHYSICIAN

Underline the cause to which death should be charged etiologically.

*Dr. Alvin*

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by me

..... Registered Apprentice No. ....

working under my personal supervision.

Signed *Robert L. Brinkman*

Licensed Embalmer No. 3553

P. O. Address 3710 N. Grand B

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**